Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 09/16/2015 FCL096045 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 103 SE RAILROAD STREET CAROLINA LIVING ASSISTED CARE PIKEVILLE, NC 27863 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) 1D EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report by Rick Benton & Robin Fay DHSR Construction Section conducted a Biennial Survey on September 16, 2015 from 9:30 am until 11:15 am at the above referenced facility. CONSTRUCTION SECTION

NOV 10 2015

RECEIVED DHSR records indicate the home was first licensed on November 2, 2007 as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). On January 21, 2014, there was a Change of Ownership and a Change in Capacity from 5 to 6 ambulatory residents. Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2006 Edition of the North Carolina State Building Code Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 105 C 105 Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, Division of Health Service Regulation ABORATORY DIRECTOR'S OR REMAINDED IN 1809 BERRESENTATIVES STUNDED IN (M6) DATE

n CROCKERRO, Paministrator

TITLE November 9, 2015 Kim Crocker RN, Administrator

Division	of Health Service Re	gulation		Division of Health Service Regulation								
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION 01	(X3) DATE S COMPL							
		FCL096045	B. WING		09/16	5/2015						
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		- 1						
CAROLIN	NA LIVING ASSISTED	CARE	ILROAD ST E, NC 27863									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEPICIENCY)	TO BE	COMPLETE DATE						
C 105	Continued From pa	·	C 105									
	Insurance Engineer Chapanoke Road, 3 Carolina 27603 at a dollars (\$380.00). (b) Each home sh	from the Department of ring Division located at 322 Suite 200, Raieigh, North a cost of three hundred eighty all be planned, constructed, tained to provide the services										
	home was serving a resident. The home Section 421.2 of the which means it can residents. Since the non-ambulatory residents are reclassified by you meet the requirement 2012 NC Building Cwill have to verify the following requirement section 425.3 and 1 follows; 425.3.1, 42 425.3.8 and 425.3. copy of code for you contract a qualified modifications and it sections guidelines documentation of the official having jurise.	ey, it was observed that the at least one non-ambulatory is is currently classified under a 2006 NC Building Code is serve only all ambulatory is home is serving sident(s), the home will have to our Local Building Official to ents of Section 425.3 of the code, the local building official nat the home meets all of the ents as listed below from its subsections Section as 25.3.3, 425.3.5, 425.3.7, 11. Please see the attached our references. You will need to technician to make certain installations under these. Upon completion, provide the approvals from the local diction and any supporting in the technicians to our office.		C 105 Our desire is to obtain approval in non-ambulatory residents in add 3 ambulatory. We have met with Wayne County Fire Inspector and the process of completing revision the home as per this document a instruction. The plan will be comby November 25, 2015.	ition to the d are in ons to and his							
C 174		t Maintained Safe, Operating	C 174									
	SECTION .0300 - 1 10A NCAC 13G .00	THE BUILDING 317 BUILDING SERVICE										

Division	of Health Service Re	egulation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPL	
		FCL096045	B. WING		09/16	3/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAROLI	CAROLINA LIVING ASSISTED CARE PIKEVIL			REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 174	EQUIPMENT (a) The building at mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not mekitchen 1) During the survey peeling paint existin light fixture. Contain make the necessar Provide to this offic technician for verification.	nd all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing	C 174	C174 The peeling paint on the kitchen of will be repaired and verification property (November 25, 2015).	eiling rovided by	
	bathroom window of when opened. Cor make the necessar Provide supporting pictures or receipts the completed work. 2) Per DHSR-Conthe local building in opening did not me minimum of 30 inclineasured only 27 technician to make the door opening.	struction's conversation with ispector, the bathroom door set the minimum required hes. The door opening inches. Contact a qualified the necessary adjustments to		The window in Bathroom 1 will be repaired in order to stay in the up when opened and verification pro November 25, 2015. The door opening in bathroom 1 been corrected as instructed by the Wayne County Fire Inspector and meets the minimum requirement of at least 30 inches. Completed November 9, 2015. A picture will provided by November 25, 2015 a verification.	position vided by	
	bathroom window	ey, it was observed that the was painted shut. Contact a n to make the necessary	,	repaired to open and stay in the uposition when opened by November 2015. A picture will be provided in November 25, 2015 as verification	ip ber 25, by	

Division	of Health Service Re	gulation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING: 01		COMPLETED	
		FCL096045	B. WING		09/16/2015	
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		103 SE R/	AILROAD ST		1	
CAROLIN	IA LIVING ASSISTED	CARE PIKEVILL	E, NC 27863	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
C 174	Continued From pa	ge 3	C 174			
		w. Provide to this office a om the technician for ompleted work.				
	2) During the surver GFCI when plugged the wiring was corrected, it indicated the HOT/NEUTRAL/RE atwo wire electrical were other electrical protected in the hor required. Since the contact a qualified the necessary repairs to the contact and the survey of the	ey, it was observed that the d with the tester indicated that ect. When the GFCI was that the GFCI was eVERSE which is indicative of I system. However, there all outlets that were GFCI me and they tested as ere are other outlets available, technician to make the othe outlet. Provide to this in the technician for verification		C174 The GFCI outlet in Bathroom 2 will wired to work as intended and ver will be provided by November 25,	ification	
	existed in the upper Contact a qualified necessary repairs t	ey, it was observed that a hole r left comer of the wall. technician to make the to the wall. Provide to this eceipt from the technician for		The hole in the water heater close been closed/patched with sheetro instructed by the Construction der Completed as of November 9, 20 picture will be provided as verifical November 25, 2015.	ck as partement. 15. A	
	was a ceiling stain side edge of the ce bedroom. Contact the necessary repa	ey, it was observed that there and peeling paint along the left iling when entering the a qualified technician to make irs to the wall. Provide to this eceipt from the technician for ompleted work.		The stain and peeling paint on the Bedroom 1 will be repaired and w provided by November 25, 2015.	e ceiling in erification	
	front facing window the up position who technician to make	ey, it was observed that the v in the bedroom did not stay in en opened. Contact a qualified the necessary adjustments to w. Provide supporting		The front facing window in Bedroo be repaired by placing a window sensure it will remain in the up pos- opened. This will be completed a verification provided by November	stop to sition when and	

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED
		FCL096045	B. WING		09/16/2015
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
CAROLII	NA LIVING ASSISTED	CAPE	AILROAD ST E, NC 27863		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 174	Continued From pa	ge 4	C 174		
		h as pictures or receipts to our n of the completed work.			
	BEDROOM 2		1	C174	
	bedroom window fr qualified technician repairs to the windo	ey, it was observed that the ame was damaged. Contact a to make the necessary ow frame. Provide to this in the technician for verification ork.		The window frame in Bedroom 2 v repaired and it will be confirmed to up position when opened . Verfice be provided by November 25, 201	stay in the
	not verify if the bed up position due the condition of the win stay up, contact a the necessary repa	ey, DHSR-Construction could room window would stay in the damaged frame. Verify the dow. If the window will not qualified technician to make irs to the window. Provide to from the technician for ompleted work.			
	was a ceiling stain side comer of the obedroom. Contact the necessary repa	ey, it was observed that there and peeling paint on the right beiling when entering the a qualified technician to make airs to the ceiling. Provide to or receipt from the technician he completed work.		The stain and all locations of peel on the ceiling of Bedroom 3 will b and verification will be provided b November 25, 2015.	e repaired
	was peeling paint of bedroom ceiling fal technician to make ceiling. Provide to from the technician completed work. 3) During the survivas a broken wind	ey, it was observed that there on the ceiling under the n. Contact a qualified the necessary repairs to the this office a picture or receipt of for verification of the rey, it was observed that there low pane on the right side ble windows. Contact a		The broken window pane of the ri window of Bedroom 3 will be repa verification will be provided by No 25, 2015.	aired and

Division of Health Service	Regulation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (2)		(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
	1	1		Į.	
	FCL096045	B. WING		09/16/2015	
NAME OF CORPUSED OF CUICA	50 0700740	DOCCE CITY (TATE TO CODE		
NAME OF PROVIDER OR SUPPL			STATE, ZIP CODE		
CAROLINA LIVING ASSIST	FD CARE	AILROAD ST			
	PIKEVILL	E, NC 2786		· · · · · · · · · · · · · · · · · · ·	
V-1,10	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL)		
	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		
			DEFICIENCY)		
C 174 Continued From	nage 5	C 174			
	ian to make the necessary	1			
	ndow. Provide to this office a				
	t from the technician for			i	
ventication of th	e completed work.				
4) During the s	urvey, it was observed that the left		C 174		
	ouble window in the bedroom did				
	p position when opened. Contact		The window on the left side of the window of Bedroom 3 will be repair		
	ician to make the necessary		stay in the up position when open		
	each affected window. Provide mentation such as pictures or		verification will be provided by Nov	vember	
	ffice for verification of the	1	25, 2015.		
completed work				I	
i deliprotad from	•				
5) During the s	rvey, it was observed that the				
	the bedroom was not plumb with		The door way to Bedroom 3 will be		
the door frame.	Contact a qualified technician to		to ensure it is plumb and verification provided by November 25, 2015.	on will be	
	sary repairs to the door or the	1	provided by November 20, 2010.		
	to this office a picture or receipt	ì			
	an for verification of the	1			
completed work					
HALLWAY		1			
	urvey, it was observed that the		Ellton in the percet size have been		
	n vent was not the proper size for	1	Filters in the correct size have been purchased for the return vent in the		
	ge for someone to install the	!	Verification of installation will be pr		
	in the vent. Provide supporting		November 25, 2015.		
	such as pictures or receipts to our	Ì			
office for verifica	ation of the completed work.	i			
	AND EXISTING		A ramp has been installed at the f	ront	
	urvey, it was observed that the		A ramp has been installed at the fi entrance so there are now 2 exit ra		
	embulatory residents. In the licensure rule 10A NCAC		the home. A picture will be provid	ed as	
	in the meaning of the contract		verification by November 25, 2015	i.	
	f the home has any resident that ical assistance with evacuation				
	have two outside entrances/exits				
	accessible by a ramp. Since				
	exit is at grade level and there is	1			
	nstalled, the provider must contact				

Division of Health Service Regulation

Division	of Health Service Re	gulation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL096045	B. WING		09/16	2015
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
CAROLI	NA LIVING ASSISTED	CARE	NILROAD ST E, NC 27863			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 6	C 174			
	installation of a sec entrance/exit of the documentation suc office for verification 2) During the surve end of the ramp what the landing, there that protrudes upwar Contact a qualified necessary adjustmentation	an to make the necessary cond ramp at the other chome. Provide supporting has pictures or receipts to our nof the completed work. By, it was observed that at the nere the ramp deck terminates is a section of the ramp deck and creating a trip hazard. It technician to make the ents to the ramp deck. It documentation such as to our office for verification of k.		C 174 The section of the ramp will be regeliminate the trip hazard. A picture verification will be provided by Nov 25, 2015.	e for	
	ramp handrails wer qualified technician adjustments to the supporting docume	ey, it was observed that the re slightly loose. Contact a to make the necessary ramp handrails. Provide entation such as pictures or se for verification of the		The handrails of the ramp will be r to ensure they are secure and ver will be provided by November 25,	ification	
	back porch and the installed. Contact the necessary com the back steps. Pr documentation suc	ey, it was observed that the back steps had no guardrails a qualified technician to make ections to the back porch and ovide supporting the as pictures or receipts to our of the completed work.		Guardrails will be installed around back porch and steps and verifica be provided by November 25, 201	tion will	
	left side of the from wooden wraps and deteriorated. Cont make the necessa	ey, it was observed that on the t porch the support post I the base caps have tact a qualified technician to ry repairs to the wooden post . Provide supporting		The deteriorated wood of the wra caps of the support post on the fr will be repaired and verification pr November 25, 2015.	ont porch :	1

Division	of Health Service Re	egulation				
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL096045	B. WING		09/16	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
CAROLINA LIVING ASSISTED CARE			ULROAD ST E, NC 2786			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE.	(XS) COMPLETE DATE
C 174	Continued From pa	ge 7	C 174			- 1
		h as pictures or receipts to our n of the completed work.				
	2) During the surve	ey, it was observed that on the		C174		
	left side of the front post there is a secti board. Contact a q necessary repairs t Provide supporting	porch just below the support ion of rotted deck fascia ualified technician to make the o the deck fascia board. documentation such as to our office for verification of		The damaged fascia board on the of the front porch will be repaired verification provided by November	and	
	front porch had sev plank decking. Cor make the necessar sections of plank di documentation suc	ey, it was observed that the veral unsecured sections of ntact a qualified technician to y repairs to the unsecured ecking. Provide supporting h as pictures or receipts to our n of the completed work.		The plank decking of the front por secured and verification provided November 25, 2015.	ch will be by	
	left side of the front post, a section of the Contact a qualified necessary repairs to soffit. Provide supp	ey, it was observed that on the porch just above the support ne soffit was deteriorated. technician to make the the section of deteriorated porting documentation such as to our office for verification of k.		The damaged soffit on the left sid- front porch will be reparted and ve provided by November 25, 2015.	e of the erification	
	section of aluminur was peeled back a a qualified technicia repairs. Provide su as pictures or recei	ey, it was observed that a n siding above the back porch nd missing a section. Contact an to make the necessary apporting documentation such pts to our office for verification		The exterior siding at the back por replaced/repaired and verification by November 25, 2015.	provided	
		ork. ey, it was observed that a n siding on the rear gable was		The exterior siding at the rear gat replaced/repaired and verification by November 25, 2015.	le will be provided	

Division	Division of Health Service Regulation							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED			
	ECI MEDIE							
		FCL096045	B. WING		09/16	6/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	STATE, ZIP CODE				
CAROLII	CAROLINA LIVING ASSISTED CARE 103 SE							
ONICE		PIKEVILL	E, NC 2786					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 174	Continued From pa	ge 8	C 174					
	missing Contact a	qualified technician to make						
		irs. Provide supporting						
	documentation suc	h as pictures or receipts to our						
	office for verification	n of the completed work.						
	3) During the grow	ey, it was observed that		C174				
		aluminum fascia along the						
		rear side and along the area		The areas of rust streaks on the ex fascia on the back right side, rear s				
	above the back porch of the home have rust			back porch will be corrected and ve	rification			
	streaks. Contact a	qualified technician to make		provided by November 25, 2015.				
		irs. Provide supporting h as pictures or receipts to our	ļ		- 1			
		n of the completed work.	}		1			
		•						
		ey, it was observed that		Foundation vents will be installed a				
		vents along the right side of installed. Contact a qualified		verification provided by November 2	25, 2015.			
		the necessary repairs.						
		documentation such as						
		to our office for verification of						
	the completed work	C.		-				
	5) During the surve	ey, it was observed that the	1	The chimney flashing will be repair	ed with			
		ay be compromised as	1	verification provided by November 2	25, 2015.			
		rior ceiling stain in bedroom 3.						
		of the flashing. If it has		Ī				
		ct a qualified technician to y repairs. Provide supporting	Ì	i				
		h as pictures or receipts to our						
		n of the completed work.						
	DEAD OFFICE AT			Sheetrock has been installed along	the rear			
	REAR OFFICE AR			wall of Bedroom 4, including closus	e of the			
		ey, it was observed that the id not meet the requirements		unused doorway, as instructed by t County Fire Inspector to meet the	ne Wayne	•		
		tion. Since this portion of the		requirement. The Inspector has co	ompleted			
	home is not used for	or anything other than storage,		a rough-in inspection and approve	d the work			
		on must be installed between		thus far and will return when the procomplete for final inspection. Verif	oject is ication of			
		ain home. The two hour verified and approved by the		completion will be provided by Nov	rember			
		ctor. Contact a qualified		25, 2015.				

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PRINTED: 10/29/2015 FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 FCL096045 B. WING 09/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 103 SE RAILROAD STREET CAROLINA LIVING ASSISTED CARE PIKEVILLE, NC 27863 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X3) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 174 C 174; Continued From page 9 technician to make the necessary repairs. Provide supporting documentation such as pictures or receipts to our office for verification of the completed work. During the survey, it was observed that the C 174 smoke detector emitted a weak signal. Ensure The smoke detector in the Rear Office this smoke detector is interconnected to the section of the home has been replaced and detectors in the home. Contact a qualified is functioning properly. It is confirmed it is connected to the other detectors in the home. technician to make the necessary repairs. Provide supporting documentation to our office Verification will be provided by November for verification of the completed work. 25, 2015. During the survey, it was observed that an The access hatch in the Rear Office section access hatch appeared to be bulging and not of the home will be repaired to be flush with flush with the ceiling. Contact a qualified the ceiling and verification provided by technician to make the necessary repairs. November 25, 2015. Provide supporting documentation to our office for verification of the completed work. During the survey, it was observed that one of The picket on the hand rail to the steps of the the pickets on the railing is broken. Contact a Rear Office room will be replaced and qualified technician to make the necessary verification provided by November 25, 2015 repairs. Provide supporting documentation to our office for verification of the completed work. ALL CEILINGS Per DHSR-Construction's conversation with The Wayne County Fire Inspector has been the local building inspector, the ceilings contacted regarding the ceiling construction. The Inspector stated he would return to the throughtout the home did not meet 1-hour fire home to re-evaluate the ceilings. This will resistant construction. The ceiling were layed be completed and verification with only 1/2 inch drywall. Verify with the local provided by November 25, 2015. building inspector the thickness of the additional drywall that will have to be installed to meet 1-hour fire resistant construction. Then contact a qualified technician to make the necessary installations. Provide supporting documentation to our office for verification of the completed work. It should be noted that in Family Care Homes all ceiling heights must meet the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
		FCL096045	B. WING		09/16	/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CAROLI	NA LIVING ASSISTED	CADE	AILROAD ST .E, NC 27863			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTK (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETÉ DATE
	Continued From parminimum 7'-6" heig	ge 10	C 174	The facility co-owner, Travis Croc complete quarterly inspections to for any safety hazards or building maintenance needs to ensure reprompleted.	ker, will monitor	